

049 250 5555

JAMES AND BEAVERS

Nationwide Insurance

12:19 p.m.

09-20-2007

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MC-050

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): JOHN F. RUTAN, JR., SBN 120266 LAW OFFICES OF GOATES & BEAVERS 1201 DOVE STREET, SUITE 300 NEWPORT BEACH, CA 92660 TELEPHONE NO.: 949-553-1359 FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): Plaintiff, AMCO INSURANCE COMPANY		FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO STREET ADDRESS: 330 WEST BROADWAY MAILING ADDRESS: CITY AND ZIP CODE: SAN DIEGO, CA 92101 BRANCH NAME: CASE NAME: AMCO INSURANCE COMPANY v. GROHE AMERICA		BY FAX CASE NUMBER: 37-2007-00072924-CU-PL-CTL
SUBSTITUTION OF ATTORNEY—CIVIL (Without Court Order)		

THE COURT AND ALL PARTIES ARE NOTIFIED THAT (name): AMCO INSURANCE COMPANY makes the following substitution:

- Former legal representative ☐ Party represented self ☒ Attorney (name): Michael J. Wise
- New legal representative ☐ Party is representing self ☒ Attorney John F. Rutan, Jr.
 - Name: LAW OFFICES OF GOATES & BEAVERS b. State Bar No. (if applicable): 120266
 - Address (number, street, city, ZIP, and law firm name, if applicable):
1201 Dove Street, Suite 300
Newport Beach, CA 92660
 - Telephone No. (include area code): (949) 250-5555
- The party making this substitution is a ☒ plaintiff ☐ defendant ☐ petitioner ☐ respondent ☐ other (specify):
AMCO INSURANCE COMPANY

*NOTICE TO PARTIES APPLYING TO REPRESENT THEMSELVES

- Guardian
- Conservator
- Trustee
- Personal Representative
- Probate fiduciary
- Corporation
- Guardian ad litem
- Unincorporated association

If you are applying as one of the parties on this list, you may NOT act as your own attorney in most cases. Use this form to substitute one attorney for another attorney. SEEK LEGAL ADVICE BEFORE APPLYING TO REPRESENT YOURSELF.

NOTICE TO PARTIES WITHOUT ATTORNEYS

A party representing himself or herself may wish to seek legal assistance. Failure to take timely and appropriate action in this case may result in serious legal consequences.

4. I consent to this substitution.

Date:

Doug Pippert, Representative for

(TYPE OR PRINT NAME)

AMCO INSURANCE COMPANY

(SIGNATURE OF PARTY)

5. ☒ I consent to this substitution.

Date:

Michael J. Wise, Esq.

(TYPE OR PRINT NAME)

BRENNAN WISE LAW GROUP

(SIGNATURE OF FORMER ATTORNEY)

6. ☒ I consent to this substitution.

Date:

John F. Rutan, Jr., Esq.

(TYPE OR PRINT NAME)

LAW OFFICES OF GOATES & BEAVERS

(SIGNATURE OF NEW ATTORNEY)

(See reverse for proof of service by mail)

Page 1 of 2

Rx Date/Time

SEP-24 07 (MON) 12:35

949 250 5555

P. 003

949 250 5555

JAMES AND BEAVE

Nationwide Insurance

1 41 p.m.

09-24-2007

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<p>ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):</p> <p>JOHN F. RUTAN, JR., SBN 120266 LAW OFFICES OF GOATES & BEAVERS 1201 DOVE STREET, SUITE 300 NEWPORT BEACH, CA 92660 TELEPHONE NO.: 949-553-1359 FAX NO. (Optional): E-MAIL ADDRESS (Optional):</p>		<p>FOR COURT USE ONLY</p>
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BRENNAN WISE LAW GROUP

Michael J. Wise, Esq.

(TYPE OR PRINT NAME)

(SIGNATURE OF FORMER ATTORNEY)

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Date:

LAW OFFICES OF GOATES & BEAVERS

John F. Rutan, Jr., Esq.

(TYPE OR PRINT NAME)

(SIGNATURE OF NEW ATTORNEY)

(See reverse for proof of service by mail)

Page 1 of 2

Form Adopted For Mandatory Use
Judicial Council of California
MC-050 (Rev. January 1, 2007)

SUBSTITUTION OF ATTORNEY—CIVIL
(Without Court Order)

Legal
Solutions
& Plus

Code of Civil Procedure, §§ 284(1), 285,
Cal. Rules of Court, rule 3.1362

MC-050

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(TYPE OR PRINT NAME)

AMCO INSURANCE COMPANY

(SIGNATURE OF PARTY)

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(TYPE OR PRINT NAME)

BRENNAN WISE LAW GROUP

(SIGNATURE OF FORMER ATTORNEY)

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John F. Rutan, Jr., Esq.
(TYPE OR PRINT NAME)

LAW OFFICES OF GOATES & BEAVERS

(SIGNATURE OF NEW ATTORNEY)

(See reverse for proof of service by mail)

Page 1 of 2

MC-050

CASE NAME: AMCO INSURANCE CO v. GROHE AMERICA

CASE NUMBER:
37-2007-00072924-CU-PL-CTL**PROOF OF SERVICE BY MAIL
Substitution of Attorney—Civil**

Instructions: After having all parties served by mail with the Substitution of Attorney—Civil, have the person who mailed the document complete this Proof of Service by Mail. An unsigned copy of the Proof of Service by Mail should be completed and served with the document. Give the Substitution of Attorney—Civil and the completed Proof of Service by Mail to the clerk for filing. If you are representing yourself, someone else must mail these papers and sign the Proof of Service by Mail.

1. I am over the age of 18 and **not a party to this cause**. I am a resident of or employed in the county where the mailing occurred. My residence or business address is (*specify*): 1201 Dove Street, Suite 300, Newport Beach, CA 92660
2. I served the Substitution of Attorney—Civil by enclosing a true copy in a sealed envelope addressed to each person whose name and address is shown below and depositing the envelope in the United States mail with the postage fully prepaid.

(1) Date of mailing: December 11, 2007

(2) Place of mailing (*city and state*): Newport Beach, CA

3. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: December 11, 2007

Leslie Boyer

(TYPE OR PRINT NAME)

Leslie Boyer

(SIGNATURE)

NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED

4.
 - a. Name of person served: Michael J. Wise, Esq.
 - b. Address (*number, street, city, and ZIP*): 901 H Street, Suite 503, Sacramento, CA 95814
 - c. Name of person served:
 - d. Address (*number, street, city, and ZIP*):
 - e. Name of person served:
 - f. Address (*number, street, city, and ZIP*):
 - g. Name of person served:
 - h. Address (*number, street, city, and ZIP*):
 - i. Name of person served:
 - j. Address (*number, street, city, and ZIP*):

☐ List of names and addresses continued in attachment.